

ISSUE SLIP STAMP & REV (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M.G		10/22/99
O.I.P.E. CLASSIFIER			102849
FORMALITY REVIEW	RS	61730	11-9

INDEX OF CLAIMS

✓ Rejected N Non-elected
= Allowed I Interference
— (Through numeral) Canceled A Appeal
÷ Restricted O Objected

Claim	Date				
Final	Original	10	05	09	04
1	✓	-	-	-	-
2	✓	-	-	-	-
3	✓	-	-	-	-
4	✓	✓	✓	✓	✓
5	✓	-	-	-	-
6	✓	-	-	-	-
7	✓	✓	✓	✓	✓
8	✓	✓	✓	✓	✓
9	✓	✓	✓	✓	✓
10	✓	-	-	-	-
11	✓	-	-	-	-
12	✓	-	-	-	-
13	✓	-	-	-	-
14	✓	-	-	-	-
15	✓	✓	✓	✓	✓
16	✓	✓	✓	✓	✓
17	✓	✓	✓	✓	✓
18	✓	-	-	-	-
19	✓	-	-	-	-
20	✓	-	-	-	-
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37		✓	✓	✓	✓
38		✓	✓	✓	✓
39		✓	✓	✓	✓
40		✓	✓	✓	✓
41		✓	✓	✓	✓
42		✓	✓	✓	✓
43		✓	✓	✓	✓
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Final Original	Claim	Date
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Claim	Date						
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here